

How to Request New or Modification of Inbound Interfaces

POLICY/PURPOSE

To provide a process in which to document requests for new inbound interfaces or modifications to inbound interfaces, to evaluate them in a timely basis including an analysis of cost benefits, to prioritize these requests, and to promptly respond to user's needs.

PROCEDURES

The Request for New or Modification of Inbound Interfaces (A-2214) is divided into four sections, which are as follows:

1. MAIN FACS users are responsible for completing Part I of the form.

The following approvals need to be obtained:

- Agency Chief Accountant
2. The Department of Treasury is responsible for completing Part II of the form. Review and approval is needed for offset and deposit issues.
 3. The Office of Financial Management is responsible for completing Part III of the form.
 - The Payroll and Tax Reporting Division is responsible for reviewing and approving any request that may have 1099 implications.
 - The Accounting & Financial Reporting Division is responsible for reviewing and approving all requests.
 4. The Department of Information Technology, Enterprise Application Maintenance and Support Division is responsible for completing Part IV of the form.

Questions concerning the status of requests should be directed to the OFM agency liaison accountant.

****The agency will have six weeks from the date of the testing approval letter to begin testing and another six weeks to complete the testing. If an agency does not complete their request within these two timeframes, another request may need to be sent by the agency. If the agency cannot meet the deadlines stated, call the ICOPY Hotline at (517) 241-8238.**

Part I

Step Procedure

1. Enter "X" in the appropriate box for a NEW or MODIFY Inbound Interface request.
2. Enter the APPROXIMATE START DATE FOR TESTING (i.e., the date on which you intend to begin sending test files).
3. (OFM Use Only)
4. Enter a brief DESCRIPTION OF THE APPLICATION to be interfaced or the modification requested (e.g., Payments to Crime Victims, Payments to Employees for Medical/Dependent Care Spending Accounts, or Interagency Billings for Telecommunications). For an existing interface, enter interface title, which is the same as the title on the RHSTARS D02 screen. Attach additional pages if more space is needed.
5. DESCRIBE LEVEL OF DETAIL TO BE MAINTAINED ON AGENCY'S OWN SYSTEM, estimate volume of transactions/records. Describe the summary level of detail, which will be summarized and interfaced to MAIN FACS. Explain what your agency's needs are that can best be met through your own computer system with an interface to MAIN FACS. Attach additional pages if more space is needed.
6. Enter DATE OF REQUEST.
7. Enter AGENCY NAME (i.e., MAIN FACS Agency Name).
8. Enter AGENCY NUMBER (i.e., MAIN FACS Agency Number).
9. Enter the BATCH AGENCY NUMBER. If requesting a proposed new interface, an Agency Profile (RHSTARS D02 screen print) must be attached to be entered in test (TMAIN). NOTE: D02 Profile will be entered in production (PMAIN) by OFM staff after interface testing is satisfactorily completed and proper approvals have been obtained.
10. Enter "X" in the appropriate box. Check YES if the agency intends to use the Statewide Vendor/Payee File. This will require that the agency supply the Vendor ID and Mail Code with the interface file (a "front door" interface).

Check NO if the agency does not intend to use the Statewide Vendor/Payee File. The agency must supply the Payee ID, Name and Address with the interface file (a "side door" interface). Submitted Payee IDs must be valid IDs (e.g., correct Federal Employer Identification Number (FE#) or Social Security Number (SS#)). The agency must also assume additional tax reporting responsibilities (i.e., the agency may have to complete an IRS Form 1099 for certain payments as it is not using the Statewide Vendor/Payee File).

Check N/A if the request is for non-payment transactions (e.g., interagency billings, journal vouchers, deposits, etc.).

11. Enter "X" in the appropriate box. Check YES if the payments are exempt from Treasury offset. Check NO if the payments are not exempt from Department of Treasury offset.
The agency may contact Treasury, Financial Services Bureau, Collections

Division if they do not know whether the payments are exempt from offset.

Agencies requesting either a “front door” or a “side door” interface may have a need to process payment transactions that are exempt from the Treasury Offset Process. Agencies must attach documentation requesting exemption from the Treasury Offset Process and this documentation should support the legal and business reason for bypassing the Treasury Offset Process. The Department of Treasury will review and approve or reject this request.

12. Enter SAI CODE. The agency must contact Treasury, Financial Services Bureau, Collections Division to obtain an SAI Code. To accommodate the Treasury Offset Process, positions 3 and 4 of the Document Number field are designated as the Source Application Indicator (SAI). The agency must provide the Document Type, Batch Agency and approved SAI Code for the interface. If the agency’s Batch Agency and SAI Code is not unique, the Department of Treasury will contact the agency to coordinate selecting an alternative SAI Code.
13. INDICATE METHOD OF PAYMENT: N/A, Warrant, EFT, or Wire.
14. Enter “X” in the appropriate box. Check YES if the agency intends to send remittance advice files with the inbound interfaces. Check NO if the agency does not intend to send remittance advice files with the inbound interface. Check N/A if the agency does not send inbound interfaces and remittance advice files.
15. IDENTIFY ALL TRANSACTION CODES needed for accessing this interface (i.e., 28A & 28B).
16. Enter DOCUMENT TYPE NECESSARY FOR THE INTERFACE. The RHSTARS Current Document Number field is an 8-position alpha numeric data element. The first two positions of the field constitute the Document Type and the system validates this data element. Any value entered here must exist in the Document Control Profile (33).
17. Enter the ESTIMATED VOLUME AND PROPOSED TIMING of the interface function (e.g., 5,000 transactions monthly and on the second business day of the month).
18. Enter the DESCRIPTION AND ESTIMATE OF FUND SPLITS (RTI). If request is for a modification, list what changes are needed.
19. Enter the PRODUCTION DATE REQUIRED.
20. Enter the REASON FOR TESTING OR MODIFICATION(S).
21. Enter the NAME, ADDRESS, FAX NUMBER, EMAIL ADDRESS, and PHONE NUMBER of the agency staff person responsible for the “functional” aspects of the operation, e.g., accountant.
22. Enter the NAME, ADDRESS, FAX NUMBER, EMAIL ADDRESS, and PHONE NUMBER of the agency staff person responsible for the “technical” aspects of the operation, e.g., information system analyst.
23. Enter the NAME, ADDRESS, FAX NUMBER, EMAIL ADDRESS, and PHONE NUMBER of the agency staff person responsible for checking the “error reports”.
24. Obtain approval from the Agency Chief Accountant by obtaining their

SIGNATURE, ADDRESS, FAX NUMBER, EMAIL ADDRESS, and PHONE NUMBER.

25. Forward the request to Office of Financial Management, Accounting & Financial Reporting Division, 7th Floor, Romney Building, Lansing, Michigan.

OFM will be responsible for obtaining all approvals. The agency liaison will perform a cursory review of the request to determine that it is (a) complete, (b) on the surface, makes good business sense, and (c) the profile information listed is accurate.

If the request is not complete or appears to need more documentation to substantiate the business purpose for the request, the agency liaison will contact the agency chief accountant. If the request is complete and appears to be a good business use of an interface, OFM will conduct a more thorough review of the business case need and send the request to all other parties needing to review and approve the request.

Part II – Department of Treasury

Step Procedure

1. The Department of Treasury should SIGN AND DATE the request.
2. Enter “X” in the appropriate box APPROVED, RESTRICTIONS ATTACHED, or DENIED. Any restrictions to the interface should be documented and attached to the worksheet on a separate sheet of paper. (After signing, forward the request to Office of Financial Management, Accounting & Financial Reporting Division, (Agency Liaison), 7th Floor, Romney Building.)

Part III – Office of Financial Management

Step Procedure

1. The Payroll and Tax Reporting Division should SIGN and DATE the request. If this signature is not applicable, Liaison should write in N/A.
2. Enter “X” in the appropriate box APPROVED or DENIED.
3. The Financial Analyst who is assigned to assist the agency in testing interfaces SHOULD SIGN AND DATE the request.
4. Enter “X” in the appropriate box APPROVED or DENIED. (Forward the request to DIT, Enterprise Application Maintenance and Support Division, Technical Analyst, 8th Floor, Romney Building – Part IV.)
5. The MAIN FACS Service Center Section Manager should SIGN AND DATE the request.
6. Enter “X” in the appropriate box APPROVED or DENIED.
7. The agency Liaison should SIGN and DATE the request.
8. Enter “X” in the appropriate box APPROVED or DENIED.
9. The Director of the Accounting & Financial Reporting Division should SIGN and DATE the request.
10. Enter “X” in the appropriate box APPROVED or DENIED.
11. Enter the RATIONALE FOR DENIAL (i.e., will the interface have a

material effect on batch performance.)

Part IV – Enterprise Application Maintenance and Support Division - DIT

Step Procedure

1. The Technical Analyst should SIGN AND DATE the request.
2. Enter “X” in the appropriate box APPROVED or DENIED. (Forward the request to Office of Financial Management, Accounting & Financial Reporting Division, MAIN FACS Service Center Section Manager, 7th Floor, Romney Building.)

If all parties indicate that use of the interface is appropriate as proposed, OFM will notify the user of the approval of the request and instruct the agency to begin working with OFM staff on testing, implementing and scheduling issues. If any party indicates a problem with the interface, OFM will notify the agency chief accountant of the problem, and schedule meetings, as necessary, to resolve the outstanding issues.

AFTER TESTING HAS BEEN COMPLETED

After an agency has completed testing the following steps must be completed:

Step Procedure

1. The agency must contact the OFM MAIN FACS Service Center Section stating that testing has been completed along with the successful batch run date and cycle numbers.
2. The MAIN FACS Service Center Section will send the agency a confirmation letter stating that the interface testing has been completed.
3. The agency must send a D02 Centrally Controlled Profile Request Form to their OFM agency liaison accountant to be entered into production (PMAIN). (The Centrally Controlled Profile Request Form and procedures are available on the OFM Website.)
4. The agency must send a 96A request to their security coordinator.
5. After obtaining the D02 profile request, the MAIN FACS Service Center Section will enter the D02 into production (PMAIN). (This process takes approximately five to seven days.)